

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048063

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6828

FILED DEC 27 1963

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|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>                       |  | c. CITY OR TOWN <b>Kansas City</b>  |  |
| Length of stay in 1b <b>4 yrs.</b>  |  | Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Jackson County Hospital</b> |  | d. STREET ADDRESS (If outside, give location)<br><b>1657 Oakley</b>   |  |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |

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|---|----------------------------------|---|---|
| 3. NAME OF DECEASED<br>(Type or print) <b>Fred Albertus Hubbard</b>   |                                  | 4. DATE OF DEATH<br>Month <b>12</b> Day <b>12</b> Year <b>1963</b>  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>1-24-84</b>                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Electrician</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Sheffield Steel</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Mount Vernon, Ohio</b> |
| 13a. FATHER'S NAME<br><b>Henry DeForest Hubbard</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Alice Matheny</b>   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                            |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                      |  | 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>  |  | 17. INFORMANT<br>Address <b>Florence Reynolds Hubbard</b><br><b>rd</b>                                    |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerosis Generalized</b> |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> |  |

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| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)           |  | 20c. TIME OF INJURY<br>Hour <b>a.m.</b> Month, Day, Year   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                     |  |
| 20f. CITY, TOWN, OR LOCATION   |  | COUNTY   |  |
| STATE  |  | 21. I attended the deceased from <b>11-6-63</b> to <b>12-12-63</b> and last saw her alive on <b>12-11-63</b> |  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
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| 22a. SIGNATURE<br><b>P. McCalla, M.D.</b> (Degree or title)           |  | 22b. ADDRESS<br><b>Jackson Co. Hospital</b>                       |  | 22c. DATE SIGNED<br><b>12/13/63</b> (State)                         |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>            |  | 23b. DATE<br><b>12-16-63</b>                                      |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b> |  |
| 23d. LOCATION (City, town, or county)<br><b>Kansas City, Missouri</b> |  | 24. FUNERAL DIRECTOR<br><b>WEILERT FUNERAL HOMES(S) K.C., MO.</b> |  | 25. DATE RECD. BY LOCAL REG.<br><b>12-17-63</b>                     |  |

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| 26. REGISTRAR'S SIGNATURE<br><b>Bessie Smith</b> |  |
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| 27. I attended the deceased from <b>11-6-63</b> to <b>12-12-63</b> and last saw her alive on <b>12-11-63</b> |  |
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| 28. I attended the deceased from <b>11-6-63</b> to <b>12-12-63</b> and last saw her alive on <b>12-11-63</b> |  |
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| 29. I attended the deceased from <b>11-6-63</b> to <b>12-12-63</b> and last saw her alive on <b>12-11-63</b> |  |
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| 30. I attended the deceased from <b>11-6-63</b> to <b>12-12-63</b> and last saw her alive on <b>12-11-63</b> |  |
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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF P. McCalla MEDICAL CERTIFICATION

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# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4075

P. O. Address K.C. 8 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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